	December 6, 2019. Release of	of funds is contingent upon the following: an approved Titl	e III appli	cation in GMAP, the Districts Funding Assurances email statement
13	_ =			9 and the final Federal Cash Request must be submitted by
12	Consortia/Partnership Meml	THE REPORT OF TH	OF L.	BOCALION .
	July 1, 2017 – September 30,	2019 KENTLICKY DEPARTMENT	or Er	NICATION
6	Period of Award:		-	
3	Awaru Amount: \$12,955	SUCC	1	Evaluations.
5	Award Amount: \$12,933	ards in 2 CFR Part 200 and 3474.	11	Evaluations:
		nistrative Requirements, Cost Principles, and Audit	-DAD	ED FOR
	_	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
4	, , , , , , , , , , , , , , , , , , , ,	CLB, Title III, Sections 3111-3141, Education Department		
				Other
	Pass-through Number	3300002-17		
	MOA Number	N/A		Electronic Submission CDIP
	MUNIS Project Number	345dl	10	Financial Reporting Method:
	PR/AWARD NUMBER (FAIN)	S365A170017		
	CFDA#	84.365A		
	Fund Source	United States Department of Education		Other
	Description Description	FY18 Title III - Immigrant		Quarterly
3	Description/Fund Source of A	Award and Fiscal Year:	9	Monthly
	City, KY Zip	Frankfort, KY 40601	9	Reimbursement Frequency:
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor	44//	Automatic Payment
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157	11//	Expenditure Reimbursement
2	KDE Contact Information:	- 2V C	7	Federal Cash Request
			8	Method of Payment:
	DUNS# 0818653			Other.
		s. 42 e, KY 41042		Other:
	Agency Name Boone C Street Address 8330 U.S	,		State Federal
1	Name and Address of Recipie		7	Fund Type:

1	Name and Address of Recipie	ent:	7	Fund Type:	
	Agency Name Bowling	Green Independent		State	
	Street Address 1211 Ce	nter Street			
	City, State Zip Bowling	Green, KY 42101		Other:	
	DUNS# 0598385	557			
			8	Method of Payment:	
2	KDE Contact Information:		CII.	Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor	1	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	105		
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	FY18 Title III - Immigrant		Quarterly	
	Fund Source	United States Department of Education	Λ	Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A170017			
	MUNIS Project Number	345dl	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-17			
				Other	
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Depar	tment		
		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 8			
	· · · · · · · · · · · · · · · · · · ·	nistrative Requirements, Cost Principles, and Audit	D		
		ards in 2 CFR Part 200 and 3474.	PREPAR	ED FOR	
5	Award Amount: \$10,997	S II C	11	Evaluations:	
		3 0 6		3 3	
6	Period of Award:		_		
	July 1, 2017 – September 30,	THE WILL DEFENSIVE	MENT OF ED	DUCATION	
12	Consortia/Partnership Meml				
13	_ =	•	· ·	9 and the final Federal Cash Request must be submitted by	_
				ication in GMAP, the Districts Funding Assurances email statem	
		· ·	inces uploaded in (GMAP. REMINDER: previous year funds should be spent and	arawn
1.4	before spending new year fu			Data: Dasambar F 2017	
14	Authorized By (Name/Title):			Date: December 5, 2017	
		Division of Learning Services			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Daviess	County		State
	Street Address PO Box 2	21510		
	City, State Zip Owensb	oro, KY 42304		Other:
	DUNS# 0778681	.56		
			8	Method of Payment:
2	KDE Contact Information:		CIII.	Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	1	Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	1	
		- I	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18 Title III - Immigrant		Quarterly
	Fund Source	United States Department of Education	Λ	Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A170017		
	MUNIS Project Number	345dl	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-17		
				Other
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Depart	ment	
	_	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82	, 2 CFR	
	· · · · · · · · · · · · · · · · · · ·	histrative Requirements, Cost Principles, and Audit	D	
		ards in 2 CFR Part 200 and 3474.	PREPAR	ED FOR
5	Award Amount: \$11,301	SIICO	11	Evaluations:
	David of Assessed	3 0 6 1	_	3 3
6	Period of Award:	2010	-	
12	July 1, 2017 – September 30, Consortia/Partnership Memb	REVIOUR BEFARIN	MENT OF ED	DUCATION
	•			O and the Control of the December of the American Inc.
13		the contract of the contract o	•	9 and the final Federal Cash Request must be submitted by cation in GMAP, the Districts Funding Assurances email statement
			• • •	GMAP. REMINDER: previous year funds should be spent and draw
	before spending new year fu		ices uploaded in c	SIMAP. REMINDER. Previous year funus siloulu de spent and uraw
14	Authorized By (Name/Title):			Date: December 5, 2017
	Authorized by (Maine) fille).	Division of Learning Services		Determiner of Zori
		DIVISION OF LEGITHING SCIVICES		

1	Name and Address of Recipie	ent:	7	Fund Type:	
	Agency Name Fayette	County		State	
	Street Address 701 E. W	lain Street			
	City, State Zip Lexingto	n, KY 40502		Other:	
	DUNS# 0796768	354			
			8	Method of Payment:	
2	KDE Contact Information:	Va		Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	1	Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor	\	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	1		
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18 Title III - Immigrant		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A170017			
	MUNIS Project Number	345dl	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-17			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Depart	tment		
	_	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82			
	\	nistrative Requirements, Cost Principles, and Audit	D		
		ards in 2 CFR Part 200 and 3474.	PREPAR	ED FOR	
5	Award Amount: \$35,294	SILC	11	Evaluations:	
		3 0 6		3 3	
6	Period of Award:	2040	-		
12	July 1, 2017 – September 30,	RENIUCKI DEFAKTI	AENT OF ED	DUCATION	
12	Consortia/Partnership Memb				
13	•	· · · · · · · · · · · · · · · · · · ·	•	9 and the final Federal Cash Request must be submitted by	
			• •	ication in GMAP, the Districts Funding Assurances email statement	
			nces upioaded in C	GMAP. REMINDER: previous year funds should be spent and dra	ıwn
14	before spending new year fu Authorized By (Name/Title):			Date: December 5, 2017	
14	Authorized by (Name/Title):	•		Date: December 5, 2017	
		Division of Learning Services			

1	Name and Address of Recipie	ent:	7	Fund Type:	
	Agency Name Jefferson	n County		State	
	Street Address 3332 Ne	wburg Road			
	City, State Zip Louisville	e, KY 34020		Other:	
	DUNS# 0629844	130			
			8	Method of Payment:	
2	KDE Contact Information:	10		Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	1	Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor	1	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	105		
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18 Title III - Immigrant		Quarterly	
	Fund Source	United States Department of Education	Λ	Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A170017			
	MUNIS Project Number	345dl	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-17			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Depar	tment		
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 83	2, 2 CFR		
	<u> </u>	istrative Requirements, Cost Principles, and Audit	D		
		ards in 2 CFR Part 200 and 3474.	PREPAR	ED FOR	
5	Award Amount: \$64,860	S II C	11	Evaluations:	
		3 0 6		3 3	
6	Period of Award:				
	July 1, 2017 – September 30,	RENIUCKI DEFARI	MENT OF ED	UCATION	
12	Consortia/Partnership Memb				
13			•	and the final Federal Cash Request must be submit	•
	<u> </u>		• •	ation in GMAP, the Districts Funding Assurances ema	
			inces uploaded in G	MAP. REMINDER: previous year funds should be sp	ent and drawn
1.0	before spending new year fu Authorized By (Name/Title):			Date: December F 2017	
14	Authorized by (Name/Title):	· ·		Date: December 5, 2017	
		Division of Learning Services			

1	Name and Address of Recipie	ent:	7	Fund Type:	
	Agency Name Warren	County		State	
	Street Address PO Box 5	51810			
	City, State Zip Bowling	Green, KY 42101		Other:	
	DUNS# 0861943	370			
			8	Method of Payment:	
2	KDE Contact Information:		CIII.	Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	1	Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor	1	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	1		
		- I	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18 Title III - Immigrant		Quarterly	
	Fund Source	United States Department of Education	Λ	Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A170017			
	MUNIS Project Number	345dl	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-17			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Depart	ment		
	_	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82	, 2 CFR		
	· · · · · · · · · · · · · · · · · · ·	histrative Requirements, Cost Principles, and Audit	D		
		ards in 2 CFR Part 200 and 3474.	PREPAR	ED FOR	
5	Award Amount: \$16,883	SIICO	11	Evaluations:	
	David of Assessed	3 0 6 1	_	3 3	
6	Period of Award:	2010	-		
12	July 1, 2017 – September 30, Consortia/Partnership Memb	REVIOUR BEFARIN	MENT OF ED	DUCATION	
	•		mtombou 20, 2016	9 and the final Federal Cash Request must be submitted by	
13		the contract of the contract o	•	cation in GMAP, the Districts Funding Assurances email stateme	nt
			• • •	GMAP. REMINDER: previous year funds should be spent and d	
	before spending new year fu		ices aploaded iii c	SIMAL. REMINDER. Previous year failus siloulu de spent and u	II a vvii
14	Authorized By (Name/Title):			Date: December 5, 2017	
	Authorized by (Maine) fille).	Division of Learning Services		Determine 3, 2017	
		DIVISION OF LEGITHING SCIVICES			